

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M46126 (2)

1. Corporation Name
CARIBE HOMES CORP.



Principal Place of Business 14260 SW 119 AVE MIAMI FL 33186-6023 US	Mailing Address 14260 SW 119 AVE MIAMI FL 33186-6023 US
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3. Date Incorporated or Qualified 02/05/1987	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number 59-2771491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

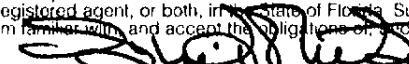
9. Name and Address of Current Registered Agent

**MARTINEZ, EMILIO F.
 14260 SW 119 AVE
 MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input type="checkbox"/>
NAME	MARTINEZ, CARLOS E.	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/>
NAME	MARTINEZ, MARIANA	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	MARTINEZ, EMILIO F.	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVP	<input type="checkbox"/>
NAME	MARTINEZ, RAUL A.	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	AS	<input type="checkbox"/>
NAME	MARTINEZ, FERNANDO I	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/>
NAME	MARTINEZ, EMILIO J	
STREET ADDRESS	14260 SW 119 AVE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:  1-22-97 305/233-6776
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)